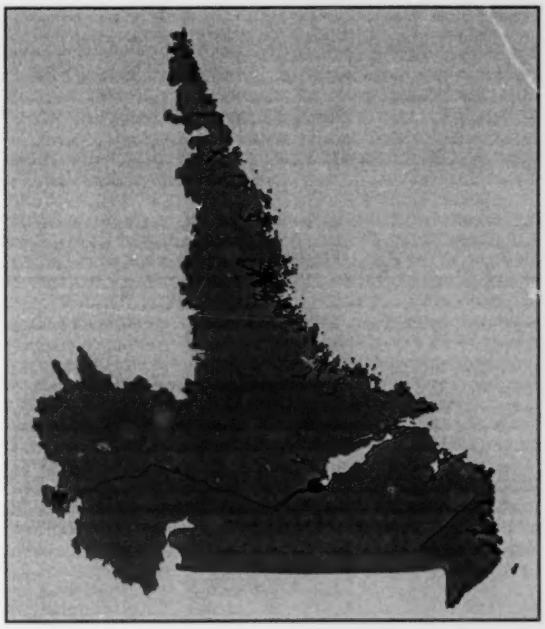
Reaching Consensus and Planning Ahead

Health Forums 2001

Regional Profile: Health & Community Services - Grenfell Region

GOVERNMENT OF
NEWFOUNDLAND
AND LABRADOR
Department of
Health and Community Services
Policy Development Division

Fall 2001
Revised October 2002

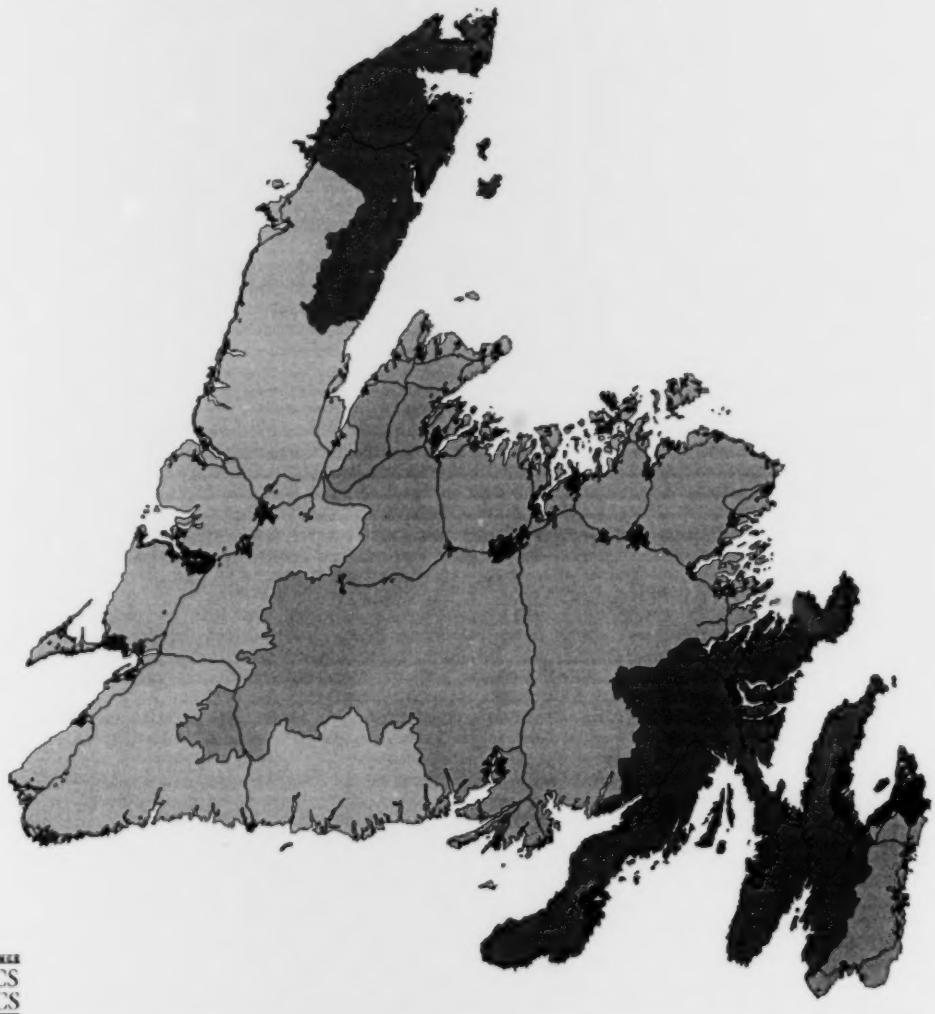


Newfoundland & Labrador Population Distribution, 2001

Health and Community Services Boards

- Health and Community Services St. John's
- Health and Community Services Eastern
- Health and Community Services Central
- Health and Community Services Western
- Grenfell Regional Health Services Board
- Health Labrador Corporation

1 Dot Represents 100 People



DEPARTMENT OF FINANCE
ECONOMICS & STATISTICS BRANCH

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Please Note

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www.gov.nf.ca/publicat

Foreword

Julie Bettney
Minister of Health and
Community Services

It is my pleasure to join you on October 10, 2001 in the Grenfell Region to get your perspective on the current and future health and well-being of the residents in the Grenfell Region of this Province. It is our hope that through discussion with stakeholders in the Regions that we can begin to address the many issues facing health and community services in our Province.

The vast geography of Newfoundland and Labrador, with its many dispersed communities, provides its own particular challenge for service delivery. Residents of the Grenfell Region make up just over 3.2 percent of the population of the Province, distributed throughout 59 diverse communities.

Throughout *Health Forums 2001*, we are conscious that budgetary considerations are an issue for all regions of the Province, and thus, we must determine how to address this to the best advantage of all concerned. While at one time the population of Newfoundland and Labrador was the youngest in the country, it is now aging more rapidly than most other provinces. This too makes us constantly aware that we need to rethink how we provide services.

Your input into this process is very important and I would personally like to thank you for your interest and participation.

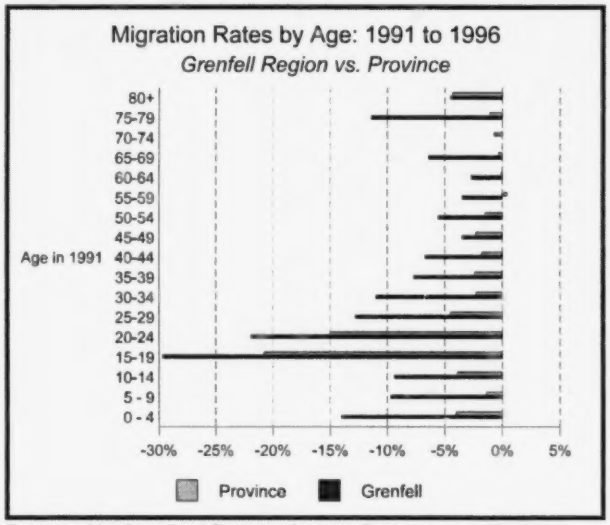
Julie Bettney, MHA
Minister of Health and Community Services

Introduction

GRENFELL REGIONAL HEALTH SERVICES BOARD

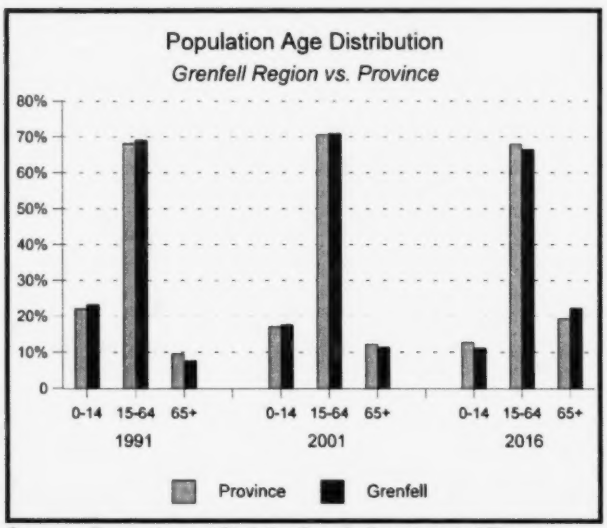
The Grenfell Region runs from New Ferrole to St. Anthony to Harbour Deep and includes coastal Labrador south of Black Tickle.

Since 1991, the population of the Grenfell Region has decreased from 20,613 to its current population of 16,775 and it is anticipated that this will decrease to 15,160 by 2016. The map on the inside front cover provides an indication of the population distribution throughout the Region, with 33 percent of residents living in St. Anthony and surrounding area. Seventy-seven percent of the population live on the island portion of the Region, while 23 percent live on coastal Labrador.



Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on information from Census of Population, Statistics Canada, as well as births and deaths information provided by the Newfoundland and Labrador Centre for Health Information.

The reasons for the population decline in the Grenfell Region, and throughout the Province as a whole, are three-fold: out-migration, decreasing birth rates and increasing mortality rates. While the Province as a whole is experiencing these phenomena, the effects of out-migration vary. The Grenfell Region has been the hardest hit by out-migration, with noticeably higher losses than the Province as a whole in all age categories, except for the ages of 70 and 74 and the over 80 age cohort. Like most regions, the net out-migration in the Grenfell Region is largest between the ages of 15 and 29. Of the 15 to 19 year-olds in the Region in 1991, almost 30 percent of them had migrated out of the Region before they reached the ages of 20 to 24 in 1996.



Source: Economics and Statistics Branch, Department of Finance Medium Scenario Projections, May 2002

Another interesting element of the population breakdown is the age distribution. In the Grenfell Region there is currently a slightly lower proportion of individuals aged 65 and over than for the Province as a whole, but this trend is

expected to reverse over the next 15 years. This too will have an impact on how programs and services are delivered in the Region.

WHAT IS POPULATION HEALTH?

Nationally and provincially there is strong support for using a population health approach to guide the current and future direction of the health and community services (HCS) system. As an essential component of all health policy, a population health approach aims to improve the health of the entire population and to reduce health inequities among population groups. A population health approach reflects the evidence that factors outside the health care system significantly affect health. It considers the entire range of individual and collective factors and conditions - and their interactions - that have been shown to be correlated with health status. These factors are commonly referred to as the *Determinants of Health*. Crucial to this definition is the notion that these factors do not act in isolation of each other but interact in complex ways to have an even more profound impact on health.

The Determinants of Health:

- Health Services
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Social Environments
- Social Support Networks
- Education
- Income and Social Status
- Employment and Working Conditions
- Physical Environment
- Gender
- Culture

A population health approach recognizes that any analysis of the health of the population must extend beyond an assessment of traditional health status indicators such as death, disease and disability. A population health approach establishes indicators related to mental and social well-being, quality of life, life satisfaction, income, employment and working conditions, education, and other factors known to influence health. With this in mind, this document has been prepared to provide you with a initial description of the Grenfell Region from a health determinants perspective. It is hoped that this first Departmental endeavor at compiling such a broad array of relevant information will inform the *Health Forums 2001* consultations and be a useful tool in the decision-making process ahead.

Health Services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function, contribute to population health.

STRUCTURE OF THE REGIONAL HEALTH AND COMMUNITY SERVICES SYSTEM

One Regional Health Board provides the majority of publicly funded health and community services in the Grenfell Region. In addition, medical services, which include both primary care and specialist services, make up a significant portion of the health services available to residents in the Region.

Grenfell Regional Health Services Board Facilities

Charles S. Curtis Memorial Hospital • St. Anthony • 61 acute care beds	• Primary Care • Family Practice • General Surgery • Internal Medicine • Obstetrics & Gynecology • Orthopedics • Urology • Ophthalmology • Psychiarty • Emergency
Labrador South Health Centre • 3 acute care beds • 7 long-term care beds	• Primary Care • Acute Care • Lab & X-Ray • Long-term Care
Strait of Belle Isle Health Centre • Flower's Cove	• Primary Care • Capacity to Observe Overnight Patients
White Bay Central Health Centre • Roddickton	• Capacity to Observe Overnight Patients
John M. Gray Centre for Seniors • St. Anthony • 48 long-term care beds	• Long-term Care

Grenfell Regional Health Services Board Community-Based Programs & Services

Health Promotion and Protection	• Communicable disease control & follow-up • Disease prevention • Immunization • Environmental health • Parent-child health • School health • Adult health
Community Mental Health	• Children and Family • Adult
Addiction Services	• Prevention • Treatment • Education
Child Youth and Family Services	• Child protection • Adoptions • Child care services • Community correction • Intervention services
Community Support Services	• Assessment and placement • Continuing care • Home support services • Residential services • Personal/Community care homes • Special assistance for supplies/equipment • Palliative/Respite Care

Grenfell Regional Health Services Nursing Stations

Charlottetown Community Clinic	• Primary Care
Harbour Deep Community Clinic	• Primary Care
Mary's Harbour Community Clinic	• Primary Care
Port Hope Simpson Community Clinic	• Primary Care
St. Lewis Community Clinic	• Primary Care

Grenfell Region Quick Facts

- Population: 16,775
  - 0-14: 17.6%
  - 15-64: 70.9%
  - 65+: 11.5%
- 5 HCS Offices/Clinics in 5 communities
- 64 Acute Care Beds
  - Comprising approx. 4% of all acute care beds in the Province
- Average Length of Stay: 6 days
- 55 Long-Term Care Beds
  - Comprising approx. 2% of all long-term care beds in the Province
- Physicians:
  - General Practice: 14
  - Specialists: 17
- Nurses: 145
- Licensed Practical Nurses: 79
- Laboratory and X-Ray: 18
- Social Workers: 10

The Regional Health Board, Grenfell Regional Health Services Board, is one of two in the Province that provides a comprehensive range of services under one administrative structure. This integrated board is responsible for acute (hospital) care, long-term care, community health programming, and the recently amalgamated community services component. The Board provides services throughout the entire region including the south coast of Labrador.

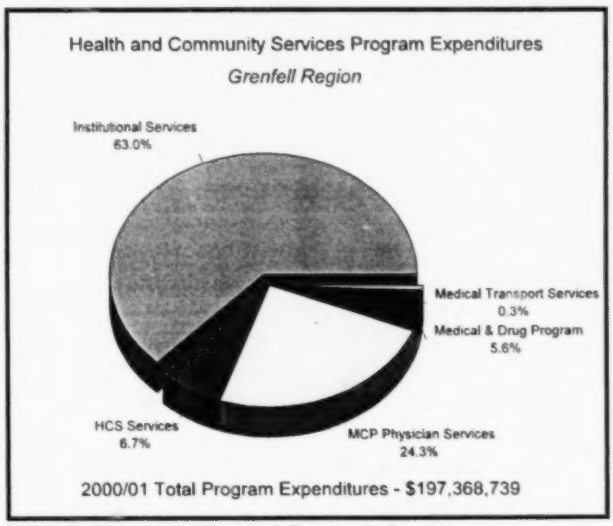
Grenfell Regional Health Services Board operates 10 facilities including, one hospital, one nursing home, three health centers and five nursing stations. In addition, community health clinics/offices operate in five communities in the Region. The Board is responsible for 64 acute care beds and 55 long-term care beds. In 1999/2000 the Board handled over 2,100 admissions/discharges and 8,600 emergency visits. One hundred and eight-six babies were born at the hospital that year. Community-based programming is primarily delivered by social workers, nurses and other allied health professionals such as nutritionists and occupational therapists. A more comprehensive overview of the services and facilities in the Grenfell Region can be found on the previous page of this document.

Primary care medical services are provided by approximately 14 family doctors throughout the Region. Midwives, nurse practitioners and regional nurses also contribute significantly to the provision of primary health care. Specialized medical services are provided by about 17 specialists who are largely based at the Curtis Memorial Hospital in St. Anthony.

THE COST OF HEALTH AND COMMUNITY SERVICES IN THE GRENFELL REGION

Within the Grenfell Region, the total program expenditures in health and community services were $41,547,051. This represents approximately 3.3 percent of the total regional health and community services program expenditures.

A number of issues emerge for further consideration when the expenditure breakdown is examined. As with other regions in the Province, the cost of institutional services accounts for the majority of program spending. In the Grenfell Region institutional care accounts for over 63 percent of program spending, which is similar to the provincial figure (62%). Spending on community-based services, however, differs significantly. As a Province, about 16 percent of the total program spending is for community-based services, while in Grenfell about seven percent of the regional expenditure is in this area. Spending on medical services also highlights some provincial/regional differences. In total, the Province spends 16 percent of its health and community services program dollars on physician services, including both salaried and fee-for-service costs. In the Grenfell Region, over 24 percent goes to physician services.



Source: Department of Health & Community Services

A number of factors have been identified both provincially and nationally as significant contributors to rising costs in the health sector. The Grenfell Board is impacted by these realities as well. The cost of technology, pharmaceuticals and identified programs, such as home support, put major pressure on a system that is struggling to deliver quality services. The ability to provide the level of programming needed to address the demand throughout the Grenfell Region, and the Province as a whole, has been a challenge for the health and community services system.

HEALTH AND COMMUNITY SERVICES SECTOR ACTIVITY IN THE GRENFELL REGION

Although it is difficult to accurately measure the type, level, and quantity of services delivered in the Grenfell Region, the following information provides us with some useful knowledge about our HCS system. While most of the material provided applies to the institutional sector only, efforts are ongoing to develop data collection systems for community programming areas.

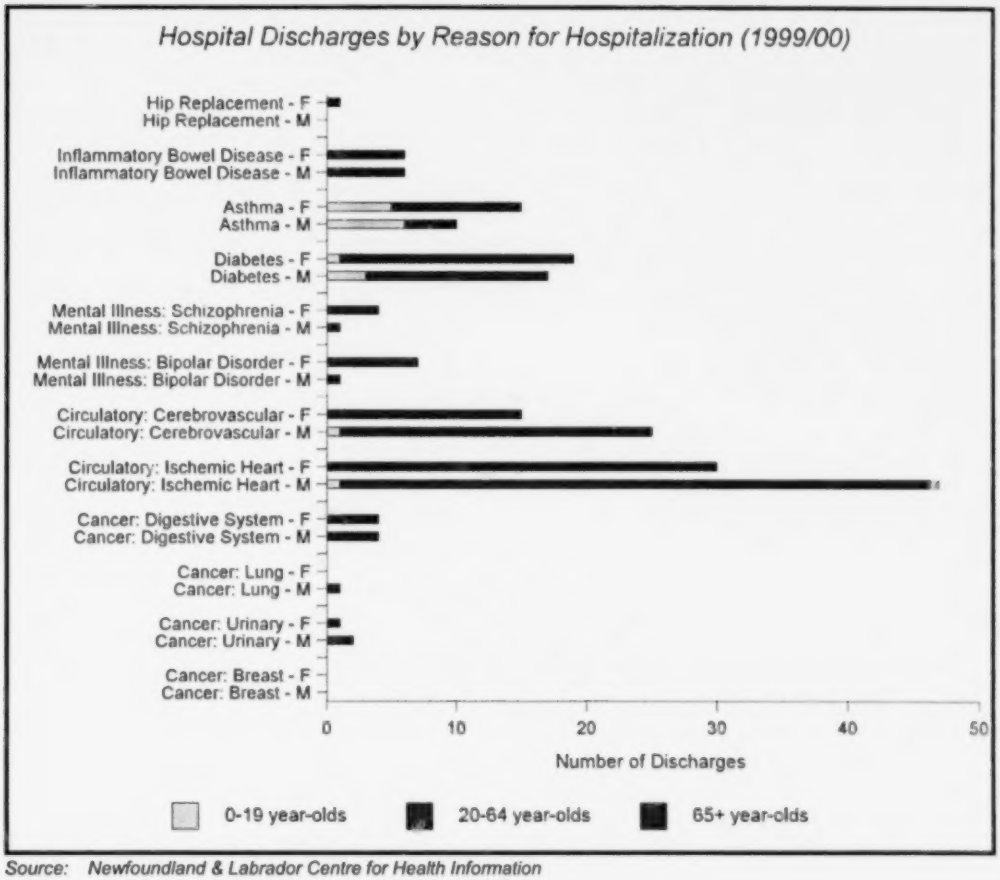
The Grenfell Regional Health Services Board is active from both an inpatient and outpatient perspective. In addition to over 2,100 admissions/discharges and a busy emergency department, the organization performed over 2,000 outpatient operating room visits in the fiscal year 1999/00.

When outpatient surgeries are examined from the perspective of procedures that were performed on residents from the Grenfell Region (*and not from the facility that performed them*) a number of trends are evident. For the seven most common surgical day procedures, comprising a total of 670 surgical interventions; only four percent were performed on individuals under the age of 20 years. Of that number, 50 percent involved the insertion of tubes in the ears (myringotomy). Individuals age 65 and over underwent 136 procedures (20%), of which 61 percent were for endoscopy. Adults in the middle age range were the recipients of over three-quarters of all procedures performed. Overall, females underwent just over half of all procedures, even when D & C was not included (51% versus 49%).

Common Surgical Day Procedures (1999/00)

	Males		Females	
Endoscopy (*non-operative*)	191	47.6%	210	52.4%
Lens Extraction	3	60.0%	2	40.0%
Heart/Pericardium Procedure	27	57.4%	20	42.6%
Skin Excision	12	57.1%	9	42.9%
Invasive Diagnostic Procedure	73	50.3%	72	49.7%
Myringotomy	13	92.9%	1	7.1%
D & C of the Uterus	-	-	50	100.0%

Source: Newfoundland & Labrador Centre for Health Information



Source: Newfoundland & Labrador Centre for Health Information

When hospitalization patterns for a range of common health conditions are explored for residents of the Grenfell Region, a number of interesting trends emerge. Just under half (49%) of all hospital admissions/discharges were experienced by individuals age 65 and over. Children age 19 or less comprised only seven percent of all hospital stays. For conditions such as cancer and circulatory disorders, older males were most likely to experience hospitalization (58%). For mental illness and diabetes, women in the middle-age group were more often admitted/discharged. Diabetes and asthma accounted for 88 percent of all hospital stays among those under the age of 20, with young males being admitted/discharged more frequently (60%). Women accounted for 47 percent of the total 220 hospital admissions/discharges (for these selected conditions) in 1999/00.

The publicly funded immunization programs in Newfoundland and Labrador include childhood and adult immunizations. Childhood vaccines protect against tetanus, diphtheria, polio, whooping cough, haemophilus influenzae B, measles, mumps and rubella (DPTP/Hib & MMR) in a series of six visits between the ages two months and five years. School programs include hepatitis B and a booster for tetanus in Grade Four, and diphtheria and whooping cough (TdaP) in Grade Nine. Since 1999, Level 2 students have been receiving a second dose of measles, mumps, and rubella vaccine. Adult immunizations protect against influenza and pneumococcal disease. These immunization programs are provided by community health

nurses and physicians in all six regions of the Province and continue to obtain excellent coverage.

Immunization Coverage Rates

	DPTP/Hib & MMR		Hepatitis B	
	Grenfell	*Province*	*Grenfell*	*Province*
1995	99.8%	98.7%	98.5%	96.7%
1996	98.0%	98.6%	98.0%	94.0%
1997	99.0%	98.8%	95.8%	97.4%
1998	97.0%	98.2%	99.1%	96.3%
1999	99.0%	98.0%	98.1%	96.9%

Source: Department of Health & Community Services

As we move to providing more and more acute services in an ambulatory setting, one indicator that provides some direction for these decisions is known as "May Not Require Hospitalization" (MNRH). This indicator, the percentage of cases classified as MNRH, is used to flag diagnoses where treatment may be provided on an outpatient basis. It is a useful screening tool that alerts an organization when a review of admissions/discharges may be in order to identify opportunities for more appropriate utilization. Calculation of this percentage for the province as a whole reveals that in 1999 11.4 percent of hospital admissions/discharges were categorized as MNRH. This percentage dropped slightly in 2000 to 11.1 percent. Results for residents of the Grenfell Region were slightly higher than for the Province as a whole with 12.1 percent of discharges being flagged for further study. All of these hospitalizations took place in the Grenfell Region.

HUMAN RESOURCE ISSUES

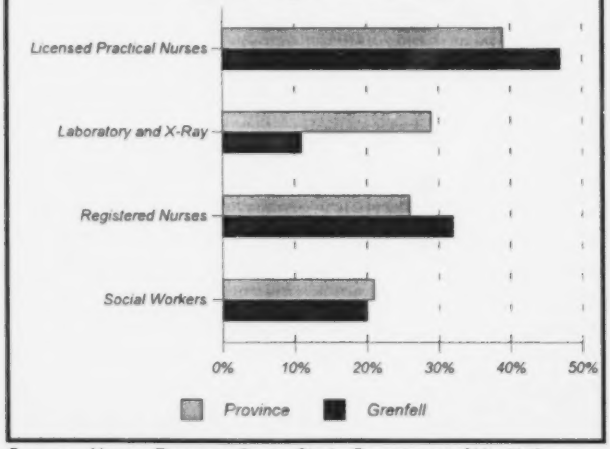
The human resource component of the health and community services system in the Grenfell Region reflects many important characteristics of the system as a whole. Nurses make up the largest group of professionals and are essential in nearly every aspect of the health and community services system.

Selected Front-line (Unionized) Employees (1999)

	Grenfell	Province
Nurses	145	4711
Social Workers	10	556
Pharmacists	1	72
Occupational Therapists	1	96
Physiotherapists	2	89
Psychologists	0	52
Laboratory and X-Ray	18	645
Licensed Practical Nurses	79	2526

Source: Human Resource Sector Study, Department of Health & Community Services

Proportion of Unionized Employees 45+ (1999)
Grenfell Region vs. Province



Source: Human Resource Sector Study, Department of Health & Community Services

As with the rest of the Province, there is a concern that the nursing workforce is aging without adequate reserves to minimize the impact of significant retirements. The situation is even more critical in the Grenfell Region as the percentage of older nurses is greater than that for the Province as a whole (32% vs. 26%). The same trend holds true for other health and community services professionals.

Licensed practical nurses, in particular, have an older workforce than the rest of the Province. There are also some clear gaps in the human resource supply for a number of program areas. The geography and remoteness of the Region adds to what is well-recognized as a long standing recruitment and retention issue for the whole Province.

There are approximately 31 practicing physicians in the Grenfell Region. The proportion of general practitioners to specialists is the same in the Grenfell Region as for the Province.

Number of Physicians (March 2000)

	Grenfell		Province	
General Practice	14	45%	432	47%
Specialists	17	55%	480	53%
Total	31	100%	912	100%

Source: Department of Health & Community Services

Personal Health Practices and Coping Skills

Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours and coping skills for dealing with life in healthy ways, are key influences on health. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socioeconomic experience to vascular conditions and other adverse health events.

One's personal habits in areas such as smoking, drinking, eating, and routine exercise have been shown to have a significant impact on one's health. Results of the National Population Health Survey (1996/97), which surveyed individuals age 12 and over, provide us with some provincial insight into these areas.

When asked about their smoking habits, 31 percent of respondents, as compared to 28 percent for the country as a whole, reported that they were currently smoking. Females were less likely to smoke than males and males were also more likely to have smoked in the past.

Major gender differences were seen in reported drinking, with males across the country being much more likely to report that they drink regularly (63% vs. 43%). For those who reported drinking, they were most likely to drink less than once a month. However, residents of the Province drink more frequently, overall, than the average Canadian. Eighteen percent (Canada: 12%) of Newfoundlanders and Labradorians reported drinking between one and three times a month and 10 percent (Canada: 6%) reported drinking more than once a week. When residents of the Province were questioned about the amount they drink, 28 percent of those who drink alcoholic beverages reported that they drink less than one drink a week and 44 percent drink between one and six drinks a week, while 27 percent drink over seven drinks a week. These figures are similar for the country as a whole.

Routine physical activity has consistently been shown to be one way that people can achieve better overall health. Research by the Canadian Fitness and Life-styles Research Institute has

found that approximately 60 percent of Newfoundlanders and Labradorians are inactive. While this has improved since 1981 when the figure was 86 percent, it is still a concern for the Province. Two out of three people in this Province are still not active enough to realize health benefits. Trends show that women are not as active as men and there is still an alarming incidence of childhood obesity all across Canada. Inactivity also decreases with higher levels of education and income. Four groups have been identified across Canada as being most at risk from inactivity: the poor, people of aboriginal/indigenous ancestry, children, and women.

The National Population Health Survey (1996/97) also looked at one's body mass index (weight/height). For the country as a whole, males (35%) were more likely to be overweight than females (23%) and females were much more likely to be underweight than males (14% vs. 3%). The percentage of individuals overweight in this Province (39%) was the second highest in the country. Given the low activity levels, the number of persons overweight, and our aging population, it is not surprising that we have the highest death rates due to circulatory disease in the country.

One other area where one's personal practices can have an effect on one's health is in the area of sexually transmitted diseases. Chlamydial infections are the most commonly reported sexually transmitted disease. Although the number of cases in the Province appear to have declined in the mid 1990's, they seem to be on the rise again. It is difficult to determine though whether this is due to increased testing by physicians or actual increased incidence. Most reported cases are among females between the ages of 15 and 24. Incidence of gonorrhoea have become minimal and syphillis has disappeared in recent years.

Since HIV reporting began in 1984, 205 (158 male and 47 female) cases of infection have been registered across the Province. Of these, 82 (64 male and 18 female) have progressed to AIDS. While there was a significant increase in HIV/AIDS in the early to mid 1990's, there appears to have been somewhat of a decline in the past few years. Most cases fall in the category of 'men who have sex with men', with 'heterosexual activity' coming in second. Of the 82 AIDS cases reported to date, 60 (51 male and 9 female) have resulted in death.

Healthy Child Development

The effect of prenatal and early childhood experiences on subsequent health, well-being, coping skills and competence is very powerful. Children born in low-income families are more likely than those born to high-income families to have low birth weights, to eat less nutritious food and to have more difficulty in school.

Currently, children under the age of 15 make up approximately 17 percent of the population of the Province (18% for the Grenfell Region). There are approximately 89,500 children under the age of 15 in the Province, with 2,946 living in the Grenfell Region. During 2000 there were 142 babies born to mothers from the Grenfell Region and 4,847 in the Province as a whole.

When discussing an issue such as healthy child development it is hard to ignore the incidence of children in families on Income Support. During 2000, 985 families in the Grenfell Region received Income Support at some point during the year. Over the past ten years, both the percentage of families on Income Support with children, and the total number of children on Income Support has dropped significantly. In 1991 there were 1,010 children in 585 families on Income Support, compared to 540 children in 350 families in 2000, but the vast majority of this decrease can be accounted for by the overall drop in the number of children in the area, and across the Province as a whole.

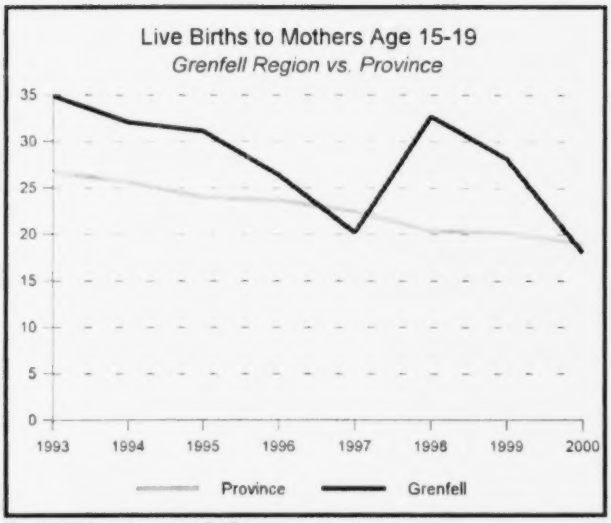
A valuable service offered to families in this Province are the federally and provincially funded Family Resource Program sites located across the Province. These Programs focus on the promotion of well-being, emphasizing healthy child development and family functioning. Currently, there are 74 government funded Programs (including satellite sites) across the Province, with nine of them being located in the Grenfell Region. Research has also shown that access to regulated child care increases the likelihood of healthy child development. The Province currently has 133 licensed child care centres (with 5 or more spaces), which provide space for a total of 4,500 children full-time (or more part-time). One of these licensed centres is located in the Grenfell Region, providing space for 24 full-time children. The majority of the full-time spaces in child care centres are occupied by children under the age of five. There are currently 24,603 children under the age of 5 in the Province, with 786 in the Grenfell Region.

The Child Youth and Family Services Act, proclaimed in January 2000 reflects a cultural shift in service delivery practices. Although the safety of the child remains paramount, new ways of intervening promote early intervention and greater emphasis on prevention activities. During 2000, there were 6,549 children under the age of 16 who received some form of protective intervention service because they were vulnerable to abuse and violence. Just under 49 percent were female. In addition, residential placements were provided for approximately 900 children and youth. This includes the 228 children in continuous custody (i.e. permanent care), 302 youth over the age of 15 (who signed voluntary care agreements) and the remaining 370 were temporarily placed for short periods but are now back with their families.

For the same period in the Grenfell Region, 95 children (50% female and 50% male) received protective services, which represents 1.5 percent of the provincial total. As well, for those receiving residential services, four children were in continuous custody and seven were youth with voluntary agreements.

Children born to teenage mothers are at higher risk for any number of difficulties. Pregnancy during the teen years disrupts educational achievement for the young mother and places her in jeopardy of low educational outcomes, poverty, and other forms of social exclusion. Lone parenting is also associated with adolescent motherhood and often brings its own set of challenges.

Although there has been a steady decrease in the number of children born to mothers age 15 to 19 (and very few births to mothers less than age 15) much of this can be accounted for by the declining number of 15 to 19 year-olds in the population as a whole. With this taken into account, a slight decline in the proportion of females age 15 to 19 having children is still evident. It should also be noted that this trend is not restricted to teenage mothers. With this taken into account, a slight decline in the proportion of females age 15 to 19 having children is still evident but this trend is not as consistent in the Grenfell Region. The rate will tend to be more erratic in the Region due to the small numbers of females between the ages of 15 and 19 and thus, a small change in the number of births will result in a significant change in the rate. It should also be noted that this trend is not restricted to teenage mothers. The overall birth rate for the Region, and Province, is also declining.



Per 1,000 females age 15-19

Source: Live Birth Notification System, Newfoundland & Labrador Centre for Health Information

Babies born to teenage mothers tend to have lower birth weights than those born to older mothers. Babies born less than 2,500 grams (or 5.5 lbs.) can have a number of health concerns and these health concerns may sometimes result in death. Provincially, the overall incidence of low birth weight babies has been decreasing since 1993, with the rate in Grenfell (32.5/1,000 live births) being lower than that of the Province as a whole (49.5/1,000).

Biology and Genetic Endowment

The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socioeconomic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.

The National Population Health Surveys have shown that there is a link between family history and heart disease. They found that people over the age of 20 are more likely to be diagnosed with heart disease if they have a family history of the disease.

Diseases of the circulatory system are a major concern in this Province as they are the leading cause of death by disease and Newfoundlanders and Labradorians have the highest death rates due to diseases of the circulatory system in the country. The rate of deaths due to diseases of the circulatory system has been relatively constant since 1986, with males being consistently more likely to die due to this cause than females. Rates of death due to neoplasms (cancers) and diseases of the respiratory system have been steadily increasing since 1986. Residents of the Grenfell Region, overall, have been less likely to die of diseases of the circulatory system or neoplasms than residents of the Province as a whole. For neoplasm, the rate of death for males has continued to be much higher than for females. While a similar gender difference is evident with diseases of the respiratory system, this gap has widened, with males showing a steady increase. Over the 12-year period from 1986 to 1997, the rate of death due to endocrine and immunity diseases was fairly constant, with a notable increase over the last few years only.

Leading Causes of Death by Disease (1998)
Rates per 100,000 population

	Grenfell		Province	
	M	F	M	F
Diseases of the Circulatory System (includes heart attacks, stroke, etc.)	339	174	343	300
Neoplasms (Cancers)	197	70	225	175
Diseases of the Respiratory System	-	-	80	53
Endocrine & Immunity Diseases (includes diabetes)	-	-	32	38

Note: Where not reported, numbers are too small for calculation of rates.

Source: Newfoundland & Labrador Centre for Health Information

According to the National Population Health Survey (1996/97), incidence of diagnosed chronic health conditions were similar in the Province to that of the country except for incidence of allergies. Residents of the Province were less likely to have non-food allergies (15% vs. 22%) and food allergies (4% vs. 7%). Other common conditions in the Province included: arthritis/rheumatism (14%), back problems (11%), high blood pressure (11%), migraines (6%), and asthma (5%). The survey also found that Newfoundlanders and Labradorians have the second highest self-rated health status in the country, with 26 percent rating their health as excellent and 65 percent rating their health as good or very good. However, life expectancy remains among the lowest in the country (NF: 77.7 years at birth, Canada 78.6 years at birth). As is the case across the country, women (80.5 years) in the Province tend to live longer than men (75.0 years).

According to Statistics Canada's Health and Activity Limitation Survey (1991) ten percent of the population (approx. 57,953 people) of Newfoundland and Labrador has some form of physical or mental disability. This rate is highest among individuals over age 65 (41.4% or approx. 23,086 people). As of 1991, 97.5 percent of individuals under the age of 65 with disabilities were residing in households (2.5% were residing in institutions) compared to 85.6 percent for those age 65 or older (14.4% were residing in institutions). As a result of de-institutionalization, persons with disabilities now receive supports allowing them to reside in the community.

Social Environments

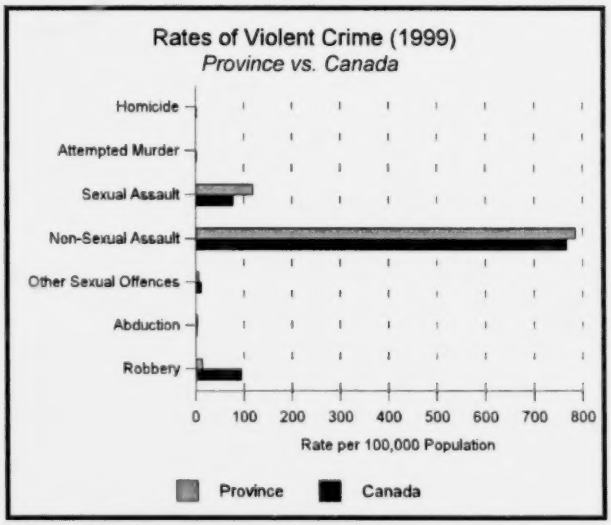
The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation have a negative impact on health and well-being.

Results from the 1996 census provide us with a profile of the family characteristics throughout the Region and the Province. Family sizes in this Province tend to be small with two-person families comprising 36.8 percent of all families, three-person families at 26.2 percent, four-person families at 25.8 percent, and five or more person families comprising only 11.1 percent. This trend is also reflected in the Grenfell Region. The vast majority of families in Newfoundland and Labrador continue to be husband-wife families, with over 90 percent of them being married. While 13.1 percent of all families in the Province are lone-parent families, only 8.6 percent of those in the Grenfell Region are lone-parent families, with the majority having only one child.

Income Support statistics indicate that while the proportion of households headed by youth under the age of 25 availing of Income Support has continued to decrease over the last several years, nearly 20 percent continue to be headed by youth. (Note: a household may contain only one individual.) As a result of the new Child, Youth and Family Services Act, the Health and Community Services and Integrated Boards also have legislative authority to enter into agreements to provide services to youth age 16 and 17. In Newfoundland and Labrador there are 303 youths in receipt of residential services to live independently (7 in Grenfell) and 28 who continue to live at home (0 in Grenfell) but receive intervention services.

Incidence of crime, especially violent crime, also affects one's health and well-being. Newfoundland and Labrador continues to have the lowest overall crime rate in the country and the fourth lowest rate of violent crime; behind Quebec, Prince Edward Island, and Ontario. While the Province continues to have low rates of homicide, attempted murder, abduction, and robbery, our assault rate is higher than the national average. This is particularly noticeable when it comes to sexual assaults.

During 2000/01, there were 6 incarcerations from Provincial Courts in the Grenfell Region. The rate (0.4 per 1,000 population) of incarcerations was much



Note: Based on crimes reported to police

Source: Canadian Crime Statistics, 1999, Statistics Canada. Catalogue no. 85-205-XPE.

lower than that for the Province as a whole (3.0 per 1,000). All individuals incarcerated from courts in the Region during this time were between the ages of 25 and 54.

Social Support Networks

Support from families, friends and communities is associated with better health. The importance of effective responses to stress and having the support of family and friends provides a caring and supportive relationship that seems to act as a buffer against health problems.

Newfoundlanders and Labradorians are among the most generous and caring in the country when it comes to donating their time and money. According to Statistics Canada's recently released document, *Caring Canadians, Involved Canadians,* the residents of this Province lead the country in volunteer hours, with the average volunteer giving 206 hours of their time annually; compared to a national average of 162 hours. Provincially, 31 percent of the population gives of their time to volunteer activities. This again, is higher than the national average of 26.7 percent. Additionally, eight out of ten Canadians reported that they contributed time, on their own, to assist people outside their household with basic activities such as: shopping, driving to appointments or stores, housework, baby-sitting and doing home maintenance or yard work for others.

What is of concern, is that between 1997 and 2000 there was a notable decrease across the country in the number of individuals volunteering, while those volunteering were giving more hours. This may have some considerable implications for the future of a province, such as ours, that has relied heavily on unpaid supports both within and outside of the family. It is already apparent that it is difficult to recruit new volunteers and those who are volunteering are stressed to the limits. This needs to be taken as a caution to not take volunteer support for granted, assuming that we can count on a sustainable volunteer base into the future and to be cautious that our volunteers are not taking on too much and, as a result, jeopardizing their own health and well-being.

According to the National Advisory Council on Aging, relatives and friends provide between 75 and 80 percent of all personal care in Canada. The vast majority of these caregivers are women and a large number are over the age of 60. The health system has always depended on these informal caregivers to provide a certain amount of care and they are an integral part of our communities. Again, the concern is that these people are getting older and are often taking on too much.

In addition to social supports received through one's family and friends, people often receive comfort and support through being a member of an organization or group. Like Canadians in general, just over 50 percent of Newfoundlanders and Labradorians aged 15 and older are members of an organization or group. These groups often play a vital role to people, especially in times of stress, and serve to strengthen communities as a whole.

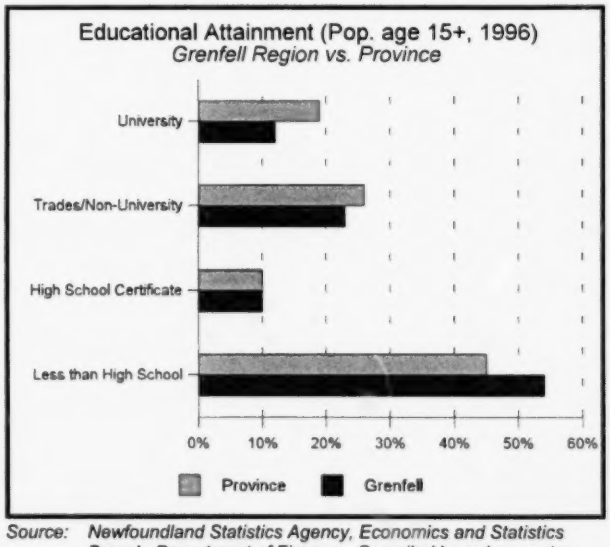
Education

Health status improves with level of education. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances - key factors that influence health.

The secondary school system in the Grenfell Region consists mainly of the Northern Peninsula/Labrador South School District; plus, one school located in Harbour Deep under the Deer Lake/Corner Brook/St. Barbe District. The Grenfell Region has 30 public schools. The Region also has one post-secondary education facility. The public college, the College of the North Atlantic, has a campus in St. Anthony.

High school pass rates across the Province have risen steadily from 63.5 percent in 1988/89 to 90.4 percent in 1999/2000. This represents an overall increase of nearly 27 percentage points in the last 12 years. For 1999/2000, the high school pass rate for the Grenfell Region was comparable to that of the Province as a whole, at 91.8 percent.

According to the 1996 census, 54 percent of individuals in the Grenfell Region had less than a high school education. This is almost 10 percent higher than the Provincial figure of 45 percent and needs to be taken into account in the day-to-day communications with people to ensure that they are provided with good information in a manner that they can understand in order to make informed choices about their lives.

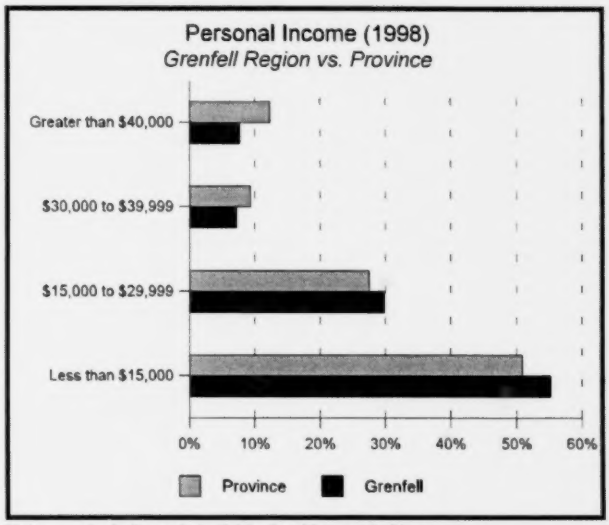


Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on custom tabulations from the Census of Population, 1996, Statistics Canada.

Income and Social Status

Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.

Personal income in the Grenfell Region is comparable to that of the Province as a whole. While there may be a slightly higher proportion of individuals in the lowest income bracket, this needs to be balanced with the cost of living across the various areas of the Province. One clear determinant of income level is educational attainment. The higher an individual's educational attainment, the greater likelihood that they will be in a higher income bracket.



Note: Includes only individuals with reported income
Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Personal income includes income obtained through the various social transfers such as: Old Age Security, Canada Pension Plan, Child Tax Benefits, GST Credit, Employment Insurance, Workers Compensation, Income Support, and NCARP/TAGS. In 1998, 38.5 percent of the personal income in the Grenfell Region was from social transfers, as opposed to 25 percent for the Province as a whole. This incidence of social transfers is typical in regions with a large rural component and seasonal employment. The most notable differences in the Region are in Employment Insurance and NCARP/TAGS; again, tied to seasonal employment, as well as a high reliance on the fishery. Incidence of Income Support in the Grenfell Region is slightly lower than that for the Province as a whole, with 14.2 percent of individuals in the Region being in receipt of Income Support at some point in time during 1998.

Employment and Working Conditions

Unemployment, underemployment and stressful work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

According to the Newfoundland and Labrador Labour Activity Survey, the average weekly employment rate in 1999 for the working age population (18-64) in the Grenfell Region was the lowest in the Province at 47 percent, compared to 59 percent for the Province as a whole. Seasonality was also very evident in the Region, as illustrated by a range in employment from 35 percent in winter to 62 percent during the summer. Of the working age population in the Region, 71.0 percent (NF: 72%) worked at some time during the year and 35.8 percent (NF: 18%) collected Employment Insurance at some point during the year.

Not surprisingly, educational attainment was shown to be a major contributing factor to the employment rate, with those having completed a post-secondary program being significantly more likely to be working. The major employers in the Grenfell Regions were in the areas of fish harvesting/fisherpeople, seafood product preparing and packaging/fish plant worker, public administration, health care and social services, retail trade, and accommodation and food services. The prevalence of individuals employed in fish harvesting, seafood product preparing and packaging, and accommodation and food services is indicative of the seasonality of employment experienced by some individuals.

One's age, gender, industry and occupation are all determinants of workplace injury. The average age at which a worker becomes injured in the Province is 37 and frequency of injury declines with age, while clinical severity generally increases. Work-related injuries occur at higher rates in men. Over the 10-year period from 1989 to 1998, 69.6 percent of all lost-time claims were registered by males. During the same period, 49.3 percent of all lost-time injuries occurred in the service industry. This is not surprising given that over 60 percent of all provincial employers are classified in this category. The risk of injury is also dependent on one's occupation. The labouring profession has had the highest frequency of injury, with 12.1 percent of claims being registered by workers involved in labour and elemental work. Another interesting finding is that, in general, hourly paid employees have significantly higher rates of injury than salaried employees. Overall, the majority of claims are due to sprains and strains, primarily of the musculoskeletal origin, with the most common being back injury.

Physical Environments

Physical factors in the natural environment (e.g., air, water quality) are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important influences.

The 1996 Census found a high degree of home ownership in Newfoundland and Labrador, with 77 percent of individuals owning their homes. In the Grenfell Region, the rate of home ownership is even higher, at 88 percent. For those owning their homes, the average monthly payment (including heat, light & municipal taxes) in the Grenfell Region was lower than that for the Province as a whole ($304 and $469, respectively), while average monthly rental payments (including heat, light & any applicable municipal taxes) were comparable ($506 and $498, respectively).

As indicated in the previous section, the type of occupation one has and the sector one works in also are an important determinants of one's health and well-being. An individual who works in a labouring profession and/or works in the service industry may be at a higher risk of injury.

Undoubtedly, the quality of the drinking water in a community is a concern for residents. While people often see water advisories as a concern for their health, illnesses due to water impurities are very rare in this Province. Although there are approximately 392 water supplies that currently have boil water advisories in affect (*figures are as of September 26, 2001*), these are precautionary measures and once the water is boiled it is completely safe for consumption.

Advisories currently affect approximately 259 communities across the Province. The advisories are typically put into effect due to inadequate disinfection, inadequate chlorine levels, or unsatisfactory bacteriological test results. In the Grenfell Region there are currently 34 water supplies with boil water advisories affecting 30 communities.

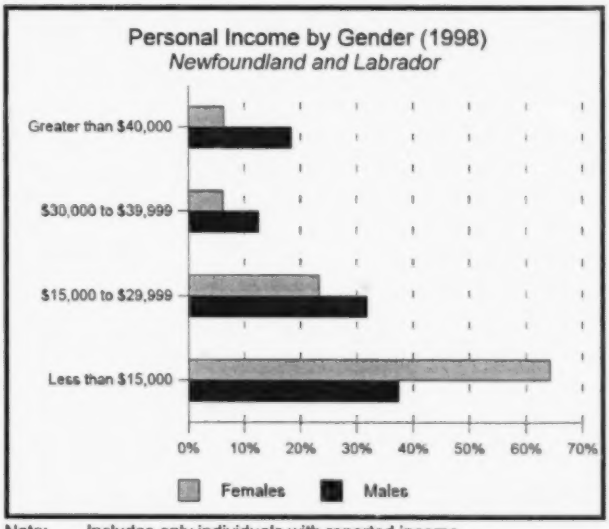
An additional water quality issue that affects peoples drinking water is Trihalomethanes (THMs). Out of the 333 tested water supplies across the Province, 70 do not conform to Health Canada guidelines of 100 micrograms per litre for THMs, while all other chemical testing indicates very good water quality. Three of the water supplies tested with high levels of THMs are in the Grenfell Region. Efforts are currently under way to mitigate against high THMs levels for the communities in which they have been identified.

Gender

Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles. Women, for example, are more vulnerable to gender-based sexual or physical violence, low income, lone parenthood, gender-based causes of exposure to health risks and threats (e.g., accidents, STDs, suicide, smoking, substance abuse, prescription drugs, physical inactivity). Measures to address gender inequality and gender bias within and beyond the health system will improve population health.

High school pass rates continue to be substantially higher among females than males, and this remains a considerable source of concern. While the pass rate for males has risen over the past 12 years, there is still a very noticeable gap. These gender differences are reverse in the Grenfell Region to that of the Province in 2000, with the pass rate for females being slightly lower than that for males (90.2% vs. 93.3%).

While historically, overall differences in educational attainment throughout the population were apparent between males and females, this overall difference has all but disappeared in the Grenfell Region, and for the Province as a whole. However, more recent provincial data indicate that females between the ages of 25 and 39 are more likely to have completed a post-secondary education and overall, females are less likely to have very low levels of education (8 years or less). Although females have made considerable progress in the area of educational attainment, significant differences still remain in levels of income both within the Grenfell Region, and across the Province as a whole. This is not specific to the Province and remains an issue of national and international concern. Significantly higher proportions of females remain in the lowest income brackets and few achieve the higher incomes. As of 1998, females continued to earn an average of 42 percent less than men. Additionally, when one looks at employment rates in the population, women are 22 percent less likely to be employed than men. These factors have significant implications for women, especially as they enter into their pensionable years.



Note: Includes only individuals with reported income
Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Women continue to be the major caregivers in our Province, both informal and formal. The large majority of front-line health professionals (nurses, social

workers, and licensed practical nurses) are women that continue to provide the vast majority of personal care through home support services and unpaid support to relatives and friends. Additionally, women live longer and may require personal care themselves for longer periods of time. This trend, coupled with gender differences in income and employment, may have a significant impact for the futures of women in this Province and the country as a whole.

Culture

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

While the Province has a broad cultural diversity, historically, having been settled by peoples from all over the globe, English is by far the most common language spoken in homes across the Province (98.5%); with small proportions of the population speaking French (0.4%), Aboriginal languages (0.3%), Germanic languages (0.15%), Chinese (0.13%), and other languages (0.52%). The cultural diversity in this Province is more widely seen through the variety of traditions and religious practices throughout the Province.

Conclusion

The Grenfell Region is a remote area that is rich in history and tradition and serves as a vital link to Labrador. Its integrated regional health board provides health and community services to a dispersed population that has been particularly hard hit by the effects of out-migration over the last decade. We have much to learn from the Grenfell Region that can be of benefit to the entire Province. Our provincial health and community services system has been, and will continue to be, improved as a result of the commitment and efforts of the many individuals and groups from the Region. The people of the Grenfell Region know that their continued involvement is critical to the decision making process facing the health sector today. Please continue to make your views known, as successful outcomes will be achieved if we all work together. If you would like to provide any further input into this process, please fell free to respond to Reaching Consensus and Planning Ahead.

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Department of Finance:
Economics & Statistics Branch Web Site: *www.econ.gov.nf.ca*
Newfoundland Statistics Agency Web Site: *www.nfstats.gov.nf.ca*

Newfoundland and Labrador Centre for Health Information Web Site: *www.nlchi.nf.ca*

Grenfell Regional Health Services Web Site: *www.grhs.nf.ca*

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